# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# N03000000004

**Entity Name:** WEST PASCO GIRLS FAST PITCH SOFTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1452
NEW PORT RICHEY, FL 346568452

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1452
NEW PORT RICHEY, FL 346568452

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKULAS, KELLY
1815 DIXIE HWY
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: SKULSA, KELLY
Address: 1815 DIXIE HWY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD ( ) Delete
Name: GRAHAM, MARGARET
Address: 3292 PICCARD LP
City-St-Zip: NPR, FL 34655

Title: DT ( ) Delete
Name: SHENK, PATRICIA
Address: 1050 MAYBURY DR
City-St-Zip: HOLIDAY, FL 34690

Title: SD ( ) Delete
Name: HORNE, JANINE
Address: 6436 BASIL DR
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: GARLAND, JAMES
Address: P.O. BOX1452
City-St-Zip: NPR, FL 34656

Title: VPD (X) Change ( ) Addition
Name: LEE, SUE
Address: P.O. BOX 1452
City-St-Zip: NPR, FL 34656

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MARQUIS, LYN
Address: 6436 BASIL DR
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SHENK DT 04/30/2004

Electronic Signature of Signing Officer or Director Date